

Name
in
Full

Sarah C. Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Smithville	St. Louis		
Date of death	Month	Day	Years
1906	Feb	1	About 75
Sex	Color or Race	Where Residing if not at place of death	Months Days
Female	Col	Kent Co Md	
Occupation			
Laborer			
Married, Single or Widowed	Name of Wife or Husband		
Widow			
Father's Name		Father's Birthplace	Kent Co Md
Don't Know			
Mother's Maiden Name		Mother's Birthplace	Kent Co Md
Don't Know			
Name of person giving information	George Carroll	How related to deceased	None

CAUSES OF DEATH

(106)

PHYSICIAN
OR CORONER

Primary

Celiac

How long

3 days

Immediate

General debility

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

John H. Hessey

Address

Norton Md.

Accident or Suicide?

Smithville

Name
in
Full

Mrs Ellen Campbell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1906	July	13	Age	78
Sex	Female	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	John Campbell		
Father's Name	James Campbell Murray			
Mother's Maiden Name	Don't Know			
Name of person giving Information	Mrs Alice Mending			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

(10)

How long

Immediate

See Gripper

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

John H. Hassay

Address

Worlton Md.

Accident or Suicide?

J. W. Church

Name
in
Full

David A. Cane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Sandy Bottom		Town	Kent		County	MARYLAND	
Date of death 1906	Month Feb.	Day 27	Age	Years	Month	Days	
Sex	Color or Race African		Where Residing If not at place of death		Birth-place Sandy Bottom		
Occupation							
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Samuel Cane				Father's Birthplace	Md	
Mother's Maiden Name	Margie Weeks				Mother's Birthplace	Md	
Name of person giving information	Samuel Cane				How related to deceased	Father	

CAUSES OF DEATH

Primary	Pneumonia		(93)	How long	3 day-
Immediata	As Lauton			How long	
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	Franklin Frank		
		Address	Franklin Frank		
Accident or Suicide?					

J. E. H. Georgetown

Name
in
Full

elen Josephine Dixon

CERTIFICATE OF DEATH

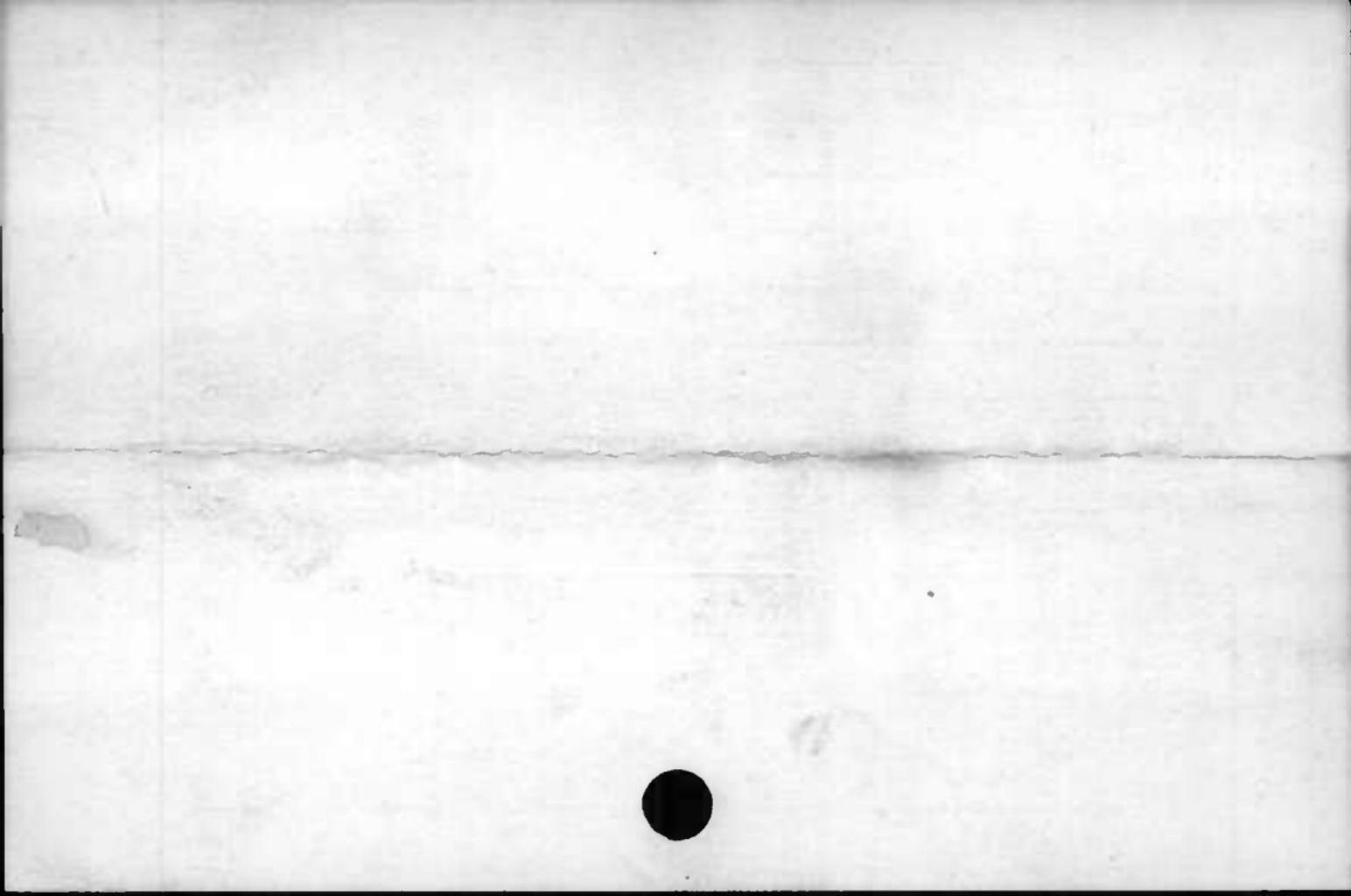
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Salina</i>	County <i>Kent</i>	MARYLAND		
Date of death	Month <i>Feb</i>	Day <i>14</i>	Years <i>1</i>	Months <i>8</i>	Days <i>27</i>
Sex	<i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Salina, Md.</i>		
Occupation	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>	Father's Name <i>Josephine Dixon</i>	Father's Birthplace <i>Kent Co. Md.</i>	
Mother's Maiden Name	<i>Frances Leamis</i>	Mother's Birthplace <i>Kent Co. Md.</i>			
Name of person giving information	<i>Josephine Dixon 104</i>	How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastritis. Bronchitis</i>	How long <i>1 week</i>
Immediate	<i>Inflammation</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Edward A. Scott.</i>
		Address <i>Salina, Md.</i>
Accident or Suicide?		



Name
in
Full

Evelyn Marie Everett
near Massapeque

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel Everett				
Mother's Maiden Name	Mattie Benson				
Name of person giving information	Samuel Everett				
Father's Birthplace					
Mother's Birthplace					
How related to deceased					

CAUSES OF DEATH

(93)

Primary

Pneumonia

Now long

Immediate

4 days

Are the name, age, sex, color, date and place correctly given above?

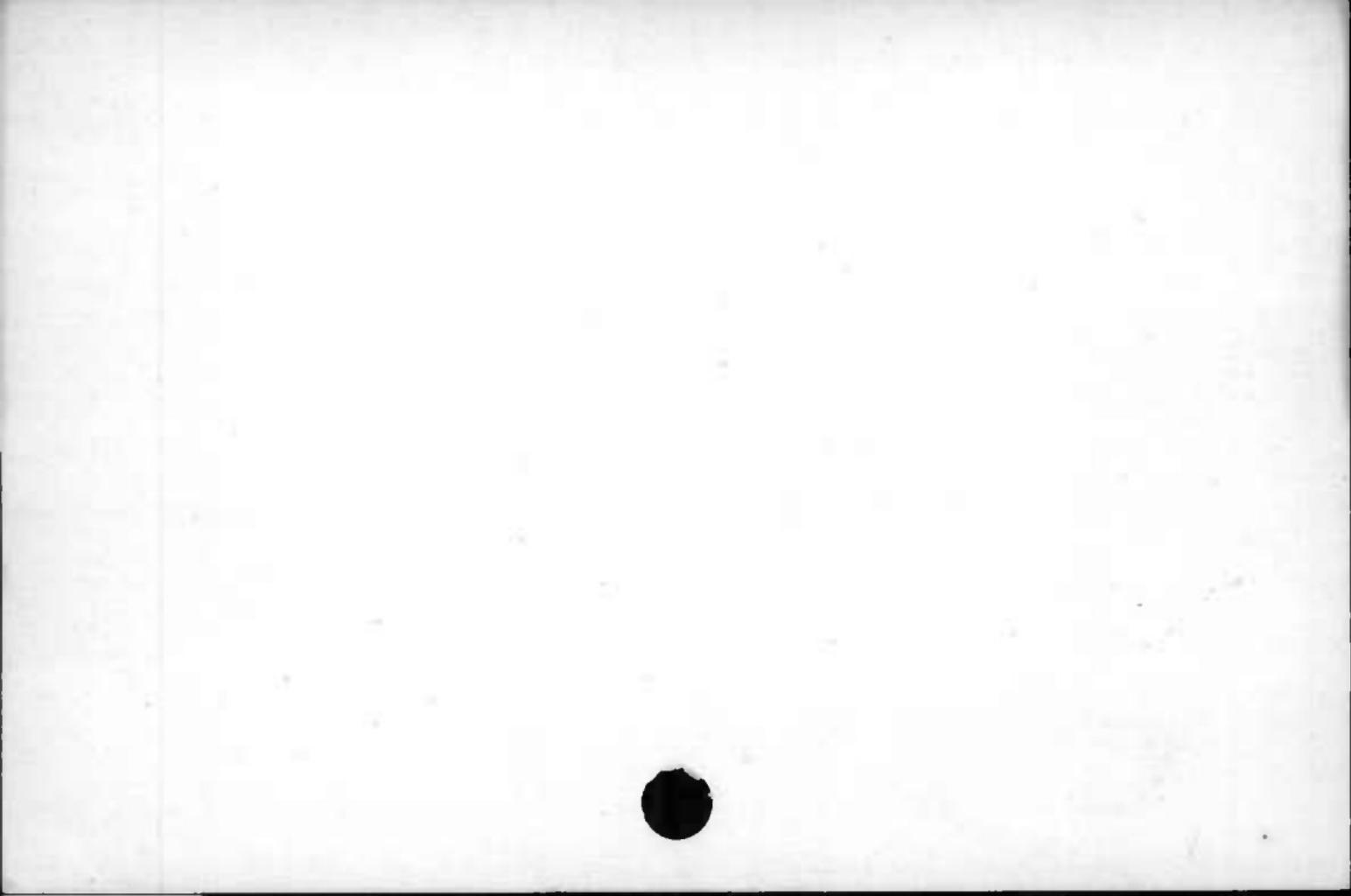
Yes

Signature of Physician

Dr W H Jacobs
Millington Md

Address

Accident or Suicide?



Name
in
Full

Daw. Gilbert.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at 20. Neck.		Town	County Kent.		MARYLAND	
Date of death 1906.	Month Feb.	Day 26.	Age 21	Years	Months	Days
Sex Male.	Color or Race Black.	Birth-place Kent co and				
Occupation Farmhand	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband none					
Father's Name Robt. Gilbert.	Father's Birthplace Kent co and					
Mother's Maiden Name Ellen Johnson.	Mother's Birthplace Kent co and					
Name of person giving Information Hiram Hodges.	How related to deceased Sister & Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Demurrage of the Lungs.

(21)

How long

8 mos

Immediate

Heart. failure.

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

O. W. Whaland M.D.

Chesapeake Md

Accident or Suicide?

J. E. F. Quaker neck.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Senator Groves				CERTIFICATE OF DEATH				
Died at	Town	County		MARYLAND				
Date of death	Month	Day	Years	Months	Days			
Sex	Female	Age		18	11			
Occupation	Color or Race	Black		Birth-place	Baltimore Co.			
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death					
Father's Name	Samuel Groves		Father's Birthplace Baltimore Co.					
Mother's Maiden Name	Julia Ward		Mother's Birthplace Baltimore Co.					
Name of person giving information	Samuel Groves		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Grenadine

(93)

How long

9 days

Immediate

Exhaustion

How long

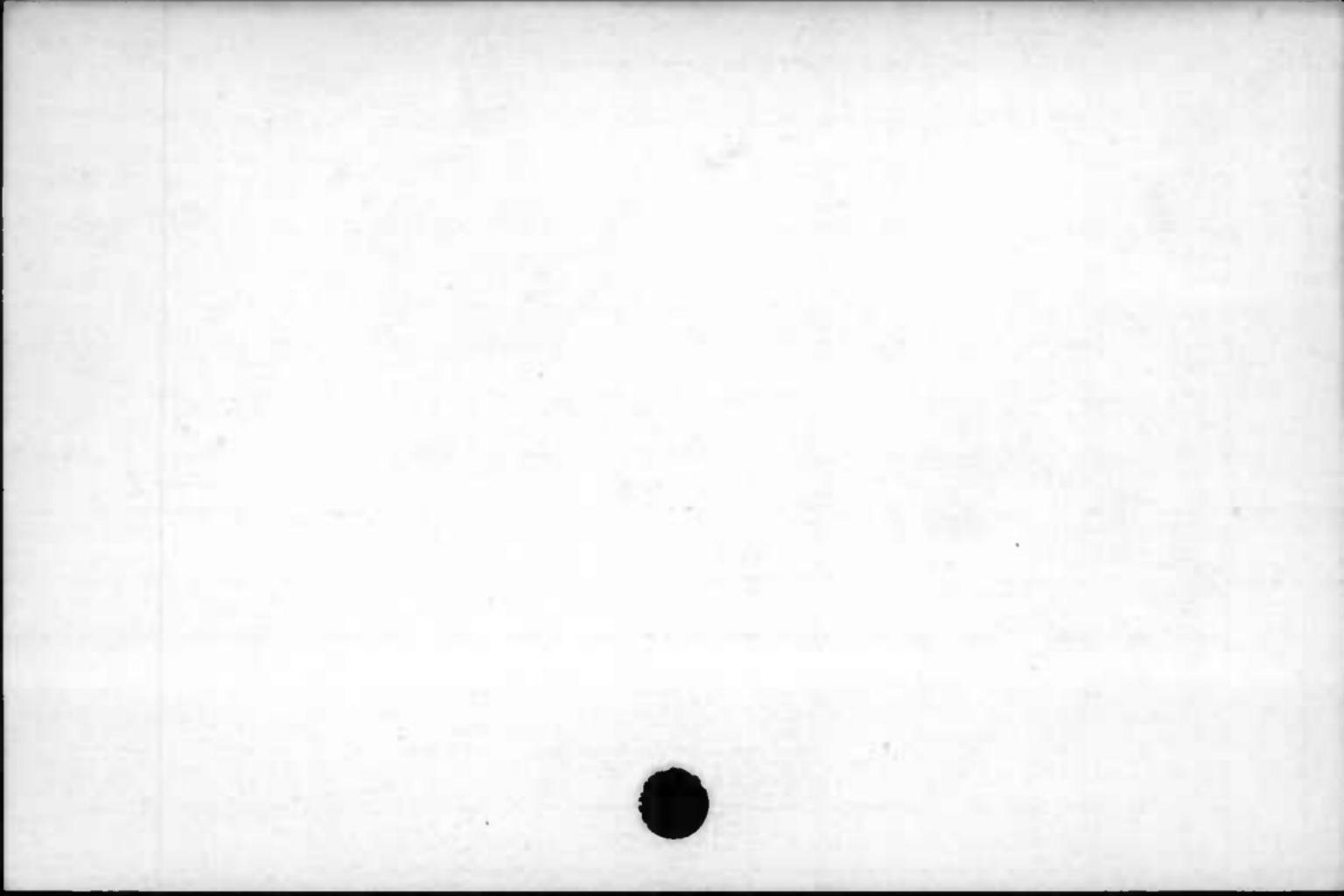
one day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

George S. Hall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND,		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	md
Occupation	Blacksmith			Where Residing If not at place of death	
Married, Single or Widowed	Bedomes	Name of Wife or Husband			
Father's Name	John S. Hall			Father's Birthplace	Ireland
Mother's Maiden Name	Mary A. Griffin			Mother's Birthplace	Del.
Name of person giving information	Mary S. Miller			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bright's initial regeneration
Immediate & pneumonia (lobar) How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

H. G. Simpson
Chesterlawn, MD

Accident or Suicide?

Ys.

J. E. & Lehester cemetery

Name
in
Full

Lurie Hazzard.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1906	Month Feb	Day 14	Years About 45	Months _____ Days _____
Sex Female	Color or Race Colored	Occupation House maid	Birth- place Kent Co., Md.	
Married, Single or Widowed Single				
Name of Wife or Husband				
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease	(nq)	How long
Immediate			How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

N M Jeter M.D.
Millington,
Md.

Accident or Suicide?



Name
in
Full

Samuel Kilbourne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Feby.	5th	61	7	25
Sex	Male	Color or Race	White	Birth-place	Baltimore Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mary B. Wickess	Lankford Md	
Father's Name	Samuel Kilbourne				
Mother's Maiden Name	Olevia Hanah				
Name of person giving Information	John V. Kilbourne				
CAUSES OF DEATH					
Primary	Cirrhosis of Liver				
Immediate	Cold from Exposure				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			H. V. Bunge Simmons		
			Address		
			Chesterstown		
			Md.		

PHYSICIAN
OR CORONER

Primary

Cirrhosis of Liver

112

How long
likely years.

How long
one week.

Immediate

Cold from Exposure

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

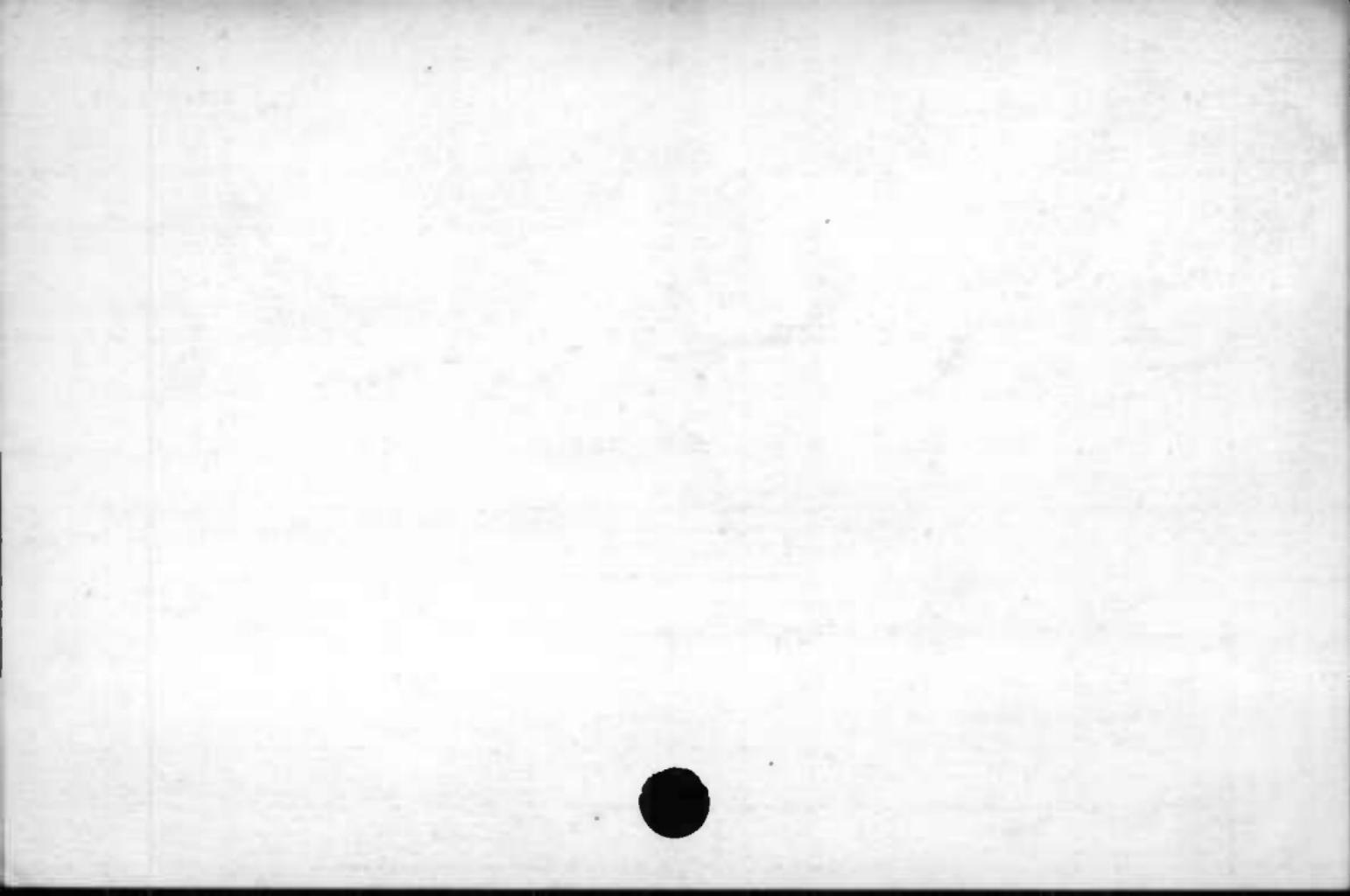
H. V. Bunge Simmons

Accident or Suicide?

Address

Chesterstown

Md.



Name
in
Full

William F. Lantz

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	(27)	How related to deceased	
CAUSES OF DEATH			
Primary	Pulmonary Thistiss.		
Immediate	Chronic diarrhea & dehydration.		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
Accident or Suicide?			

PHYSICIAN
OR CORONER

S E Barrick

Kennedyville
Md

Kennedyville

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Baby - Masliee

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Massey	Kent				
Date of death	Month	Day	Years	Months	Days
1906	Feb	11	-	-	25
Sex	Male	Color or Race	white	Birth-place	Massey, Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	(150)			
Father's Name	Garnett Masliee	Father's Birthplace Kent Co			
Mother's Maiden Name	Edith Hudson (Massey)	Mother's Birthplace Kent Co			
Name of person giving Information	Garnett Masliee	How related to deceased Father			

CAUSES OF DEATH

Primary

Heart trouble

How long

24 hours

Immediate

(150)

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G.P. Gowan MD

Milington
Md.

Accident or Suicide?

Yes,



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still Born Infant Mason (Md)

CERTIFICATE OF DEATH

Died at New Synch		Town	County Kent		MARYLAND	
Date of death 1906	Month Feb	Day 11	Age	Years	Months	Days
Sex	Color or Race Black		Birth-place Md.			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace			
Father's Name				Mother's Birthplace		Md.
Mother's Maiden Name				How related to deceased		
Name of person giving information	Agnes Mason					
	Walter Mason					

CAUSES OF DEATH

Primary Still Born. How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

W. S. Maywell.

Address

Still Pond, Md.

Accident or Suicide?

Frontier Chg

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERJosiah Moseley
near ChestertownCounty
Kent -

CERTIFICATE OF DEATH

MARYLAND

Died at	Town Chestertown	Month Feb	Day 24	Years 41	Months 11	Days 28
Sex	Male	Color or Race	white		Birth- place	St. Mary Co Md
Married, Single or Widowed	Morris	Occupation James				
Name of Wife or Husband	Aurie Elizabeth Evans					
Father's Name	Josiah	Father's Birthplace Kent				
Mother's Maiden Name	Mary J Kirby	Mother's Birthplace Tenn Am Co				
Name of person giving Information	Wife (Aurie E. Mason)	How related to deceased Wife				

CAUSES OF DEATH

Primary	Bright's Disease	(120)	How long about 2 years
Immediate	Heart Complications		How long Innumerable

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

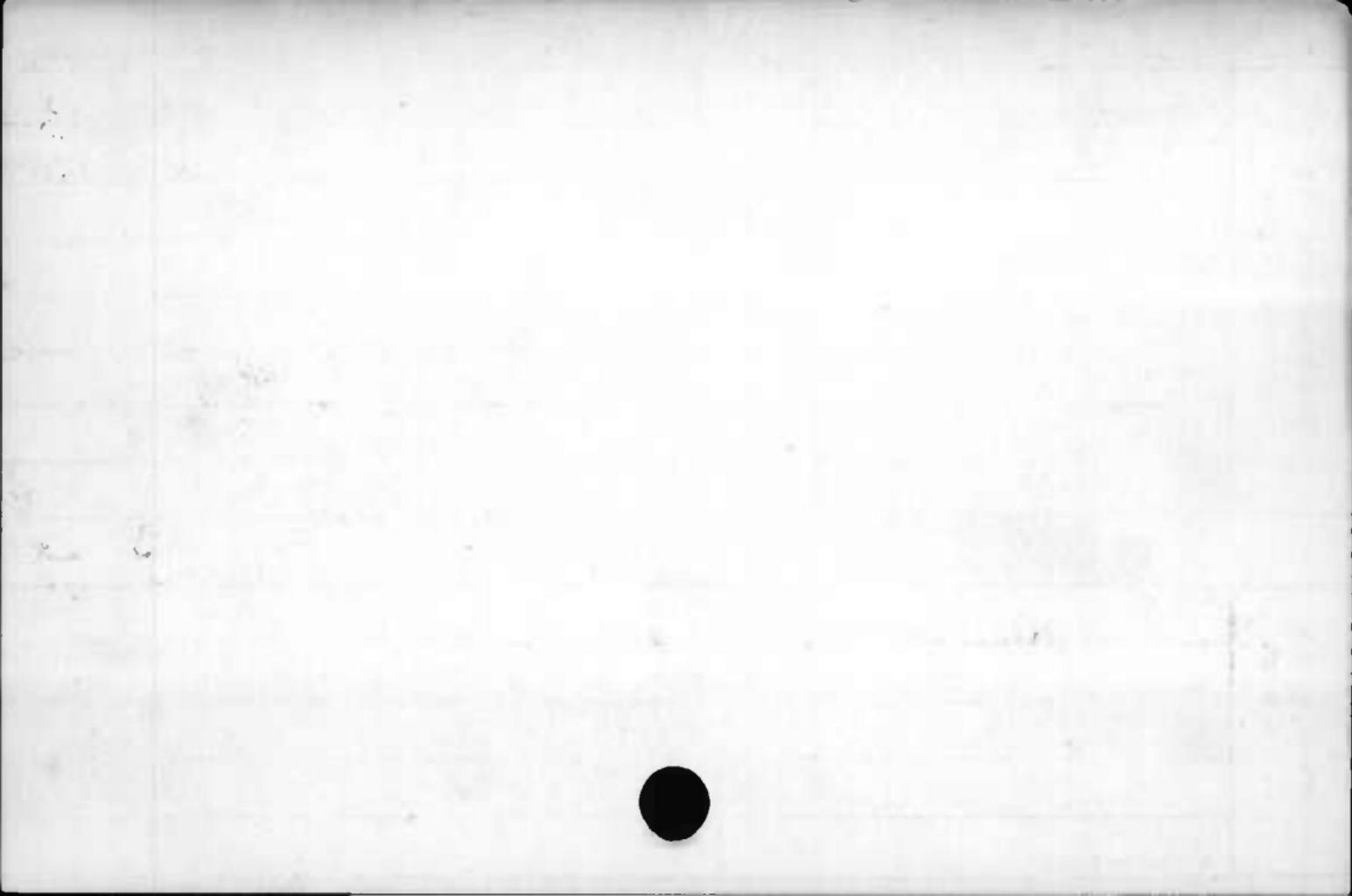
H. Frank Heines

Address

Chestertown

St. Mary Co Md

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Geo W. Ringgold

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband	coraline Ringgold			
Father's Name	Dont know			Father's Birthplace	Dont know
Mother's Maiden Name	"	"	Mother's Birthplace " "		
Name of person giving information	Geo A. Thompson			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

(93)

How long

I work

Immediate

Pneumonia

How long

I work

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H Byng Simmons
Chesertown 2nd.

Accident or Suicide?

J. C. H. Knobler Creek.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Francis A. Dally

County

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Died at	Syndey	Rhode	
Date of death	Month	Day	Years
1906	Feb	6	76-
Age		Months	
Sex	Color or Race	Birth-place	Days
female	white	Md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name		Father's Birthplace	
John Dally		Md	
Mother's Maiden Name		Mother's Birthplace	
Mary Perzel		Md	
Name of person giving information		How related to deceased	
Mrs. T. Paulson		Sister	

CAUSES OF DEATH

Primary: Softening of the brain. (95) How long: 10 years,
 Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

Dr. S. Maxwell,
St. Paulson, Md.

Address

Accident or Suicide?

Still Pond

Name
in
Full

Jaycees Spy.				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	1906	Month Feb	Day 26th	Years Age 48.	Months	Days	
Sex	Male	Color or Race	White	Birth- place	Brentwood Md		
Occupation	Farmer		Where Residing if not at place of death	At home			
Married, Single or Widowed	Married	Name of Wife or Husband	Sara C Tracy	Father's Birthplace	Maryland		
Father's Name	William Spy		(160)	Mother's Birthplace	Maryland		
Mother's Maiden Name	Mary Merritt			How related to deceased	Son		
Name of person giving Information	Merritt Spy						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Meningitis. Fracture

How long

2 weeks

Immediate

Loma

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

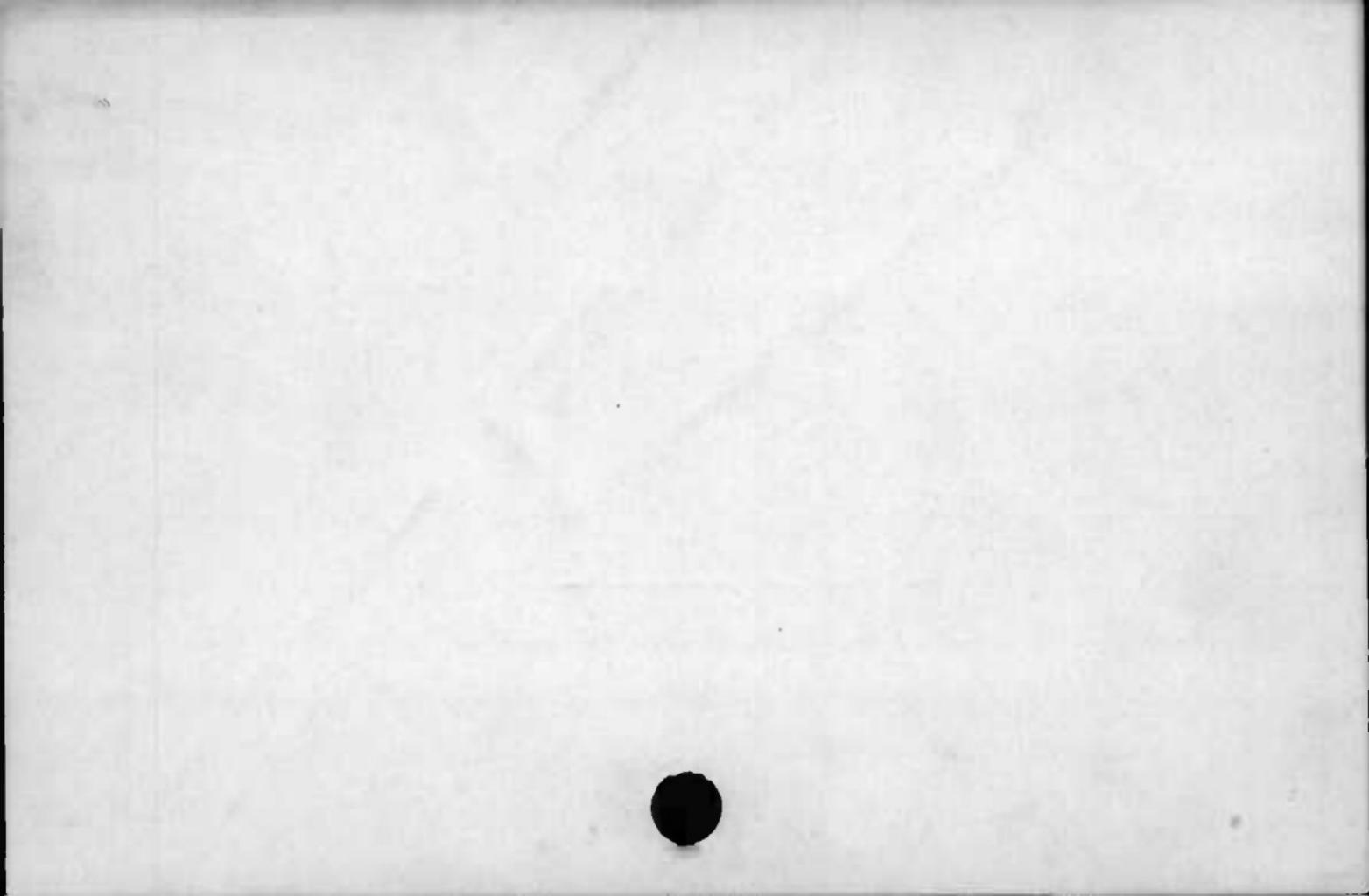
Address



J P Garrison MD
Willingboro
Md

Accident or Suicide?

Accident



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

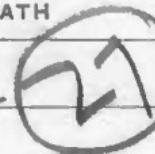
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Robt. Suaco.			
Father's Name	Dcas. Brookins				
Mother's Maiden Name	Julia Scott				
Name of person giving information	Robt. Suaco.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption



How long

Years

Immediate

Exhaustion

How long

2 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Walter D. Kelly M.D.
Robt. Suaco.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Grafton Wesley

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Died at	Rock Hall	Cecil Co.			
Date of death	Month	Day	Years	Months	Days
1906	Feb.	6	Age	11	10
Sex	Male	Color or Race	Black	Birth-place	Kent Co.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Henry Wesley				
Mother's Maiden Name	Cathie Brookins				
Name of person giving information	Henry Wesley				

CAUSES OF DEATH

Primary

Pneumonia

93

How long

9 days

Immediate

Exhaustion

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

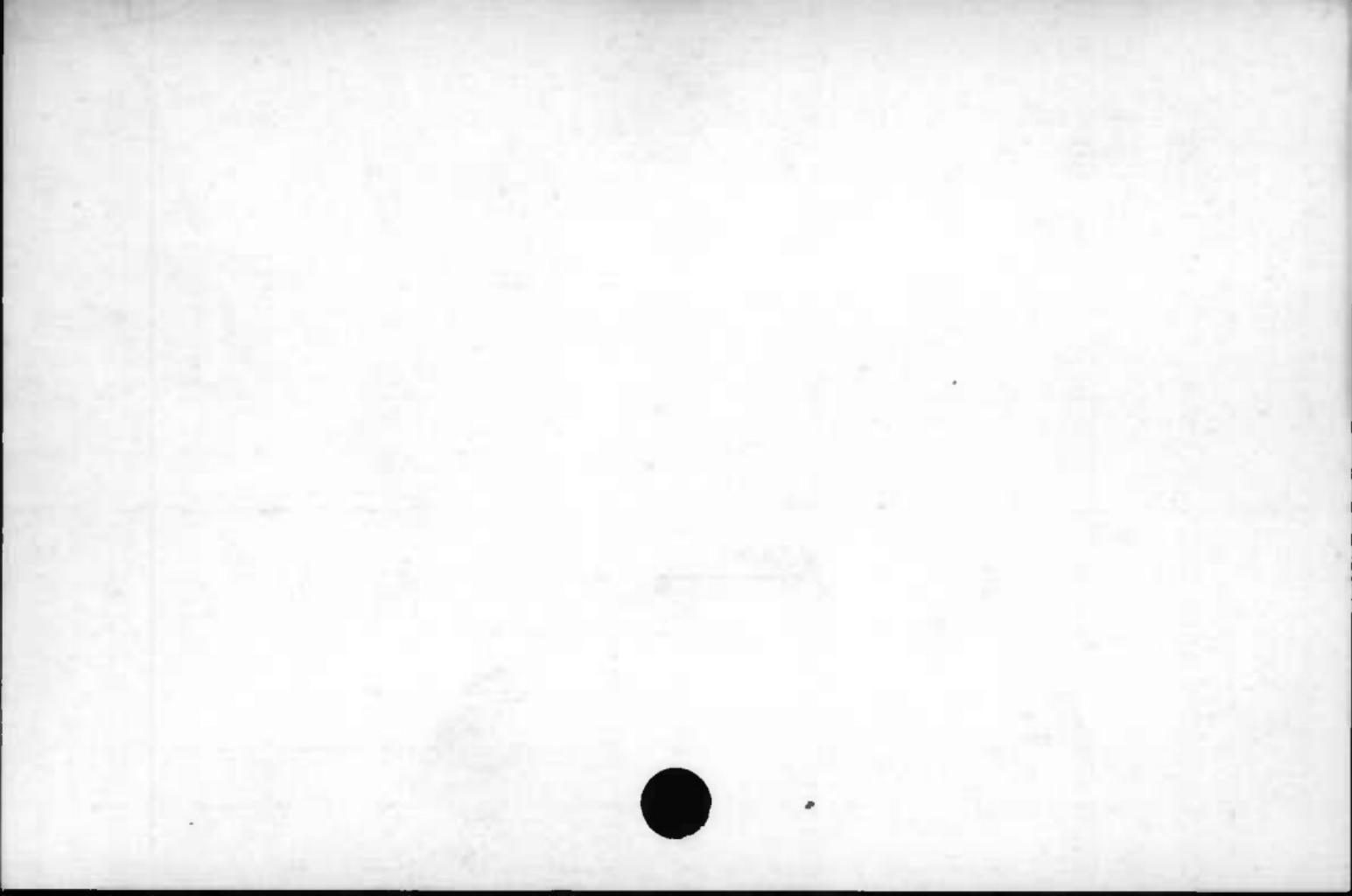
Yes

Signature of Physician

Address

Walter O. Seelye Jr.
Rock Hall, Md.

Accident or Suicide?



Name
in
Full

Dartha Wilmer

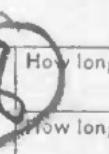
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Neas Still Pond</u>		Town	County <u>Kent</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Feb</u>	Day <u>19</u>	Years <u>+</u>	Months <u>5</u>	Days <u>—</u>	
Sex <u>female</u>	Color or Race <u>Black</u>			Birth-place <u>Md</u>		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Davis Wilmer</u>					Father's Birthplace <u>Md</u>
Mother's Maiden Name	<u>Bertie Brooks</u>					Mother's Birthplace <u>Md</u>
Name of person giving Information	<u>Davis Wilmer</u>					How related to deceased <u>father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Whooping Cough  How long
Immediate Pneumonia  How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

L.P. Ativelli 
Still Pond
Md

Accident or Suicide?

Old Pond

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Otsey Wilmer

CERTIFICATE OF DEATH

Died at near Still PondBent County

MARYLAND

Date
of death 1906Month
FebDay
20Years
13Months
//Days
20Sex femaleColor or
RaceBlackBirth-
placemd

Occupation

— — —

Where Residing if not
at place of death

— —

Married, Single
or Widowed

— —

Name of Wife or
Husband

— — —

Father's
NameDavis WilmerFather's
BirthplacemdMother's
Maiden NameRena BrooksMother's
BirthplacemdName of person giving
InformationDaniel WilmerHow related
to deceasedUncle

CAUSES OF DEATH

Primary

Consumption

How long



How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianL.P. Arthur M.D.

Address

Still Pond
md.

Accident or Suicide?

Still Pond